

Merit 2024 COBRA Premiums

Medical/Pharmacy	Wellmark BC/BS PPO	Wellmark BC/BS HMO
	Alliance Select	Blue Advantage
Single/Yourself	\$ 918.00	\$ 869.04
Yourself and Spouse	\$ 2,309.28	\$ 2,105.28
Yourself and Child(ren)	\$ 1,789.08	\$ 1,621.80
Yourself and Family	\$ 2,960.04	\$ 2,677.50

Delta Dental	Basic	Comprehensive
	Plan	Plan
Single/Yourself	\$ 24.48	\$ 42.84
Yourself and Spouse	\$ 59.16	\$ 111.18
Yourself and Child(ren)	\$ 66.30	\$ 117.30
Yourself and Family	\$ 75.48	\$ 132.60

Avesis	Vision Plan
Single/Yourself	\$ 6.80
Yourself and Spouse	\$ 12.83
Yourself and Child(ren)	\$ 14.05
Yourself and Family	\$ 18.06